

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/776,021
				Filing Date	February 9, 2004
				First Named Inventor	SHEHADA, Ramez Emile Necola
				Art Unit	3761
				Examiner Name	HAND, Melanie Jo
Sheet	1	of	1	Attorney Docket Number	064693-0103

[illegible]

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. .

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language translation is attached.